10/669.467

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

041883-5236

|                                                                                                                                                                                             |                                                | CLAIMS AS                                 | FILED -<br>(Column |                               |              | mn 2)            |        | SMALL EN            | ππγ<br>□               | OR      | OTHER<br>SMALL I    |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|--------------------|-------------------------------|--------------|------------------|--------|---------------------|------------------------|---------|---------------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                                |                                                |                                           | 55                 |                               |              |                  |        | RATE                | FEE                    |         | RATE                | FEE                    |
| FOR                                                                                                                                                                                         |                                                |                                           | NUMBER FILED       |                               | NUMBER EXTRA |                  |        | BASIC FEE           | 375.00                 | OR      | BASIC FEE           | 750.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                     |                                                |                                           | ∫∫ minus 20=       |                               | · 35         |                  |        | X\$ 9=              |                        | OR      | X\$18=              | . 30°                  |
| INDEPENDENT CLAIMS                                                                                                                                                                          |                                                |                                           | 8 minus 3 =        |                               | • 5          |                  |        | X42=                |                        | OR      | X84=                | ¥2C                    |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                            |                                                |                                           |                    |                               |              |                  |        | +140=               |                        | OR      | +280=               | ,,,,,                  |
| * If the difference in column 1 is less than zero, enter                                                                                                                                    |                                                |                                           |                    |                               | "0" in c     | olumn 2          |        | TOTAL               |                        | OR      | TOTAL               | 1700                   |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 2)                                                                                                                                |                                                |                                           |                    |                               |              |                  | _      | SMALLE              | NTITY                  | OR      | OTHER<br>SMALL      | THAN                   |
| AMENDMENT A                                                                                                                                                                                 |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA |        | PLATE               | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                             | Total                                          | • 53                                      | Minus              | # 3                           | 3_           |                  |        | X\$ 9=\             |                        | OR      | X\$18=              |                        |
|                                                                                                                                                                                             | Independent                                    | * Y                                       | Minus              | *** >                         | F CLAIN      | -                | 4      | X42=                |                        | OR      | X84=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  OF MULTIPLE DEPENDENT CLAIM  OF MULTIPLE DEPENDENT CLAIM                                                                                    |                                                |                                           |                    |                               |              |                  |        | +140=               |                        | OR      | +280=               |                        |
|                                                                                                                                                                                             |                                                |                                           |                    |                               |              |                  |        | TOTAL<br>ADDIT, FEE |                        | QR      | TOTAL<br>ADDIT, FEE |                        |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                            |                                                |                                           |                    |                               |              |                  |        |                     |                        |         | ADDII. I CE         |                        |
| AMENDMENT B                                                                                                                                                                                 |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | HIĞH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                             | Total                                          | *                                         | Minus              | **                            |              |                  |        | X\$ 9=              |                        | OR      | X\$18=              |                        |
|                                                                                                                                                                                             | Independent                                    | *                                         | Minus              | ***                           | - OL A114    | -                | 41     | X42=                |                        | OR      | X84=                |                        |
| <u> </u>                                                                                                                                                                                    | FINST PRESE                                    | NTATION OF MI                             | JETIPLE DEF        | CINDEIN                       | CLAIM        |                  | J      | +140=               |                        | OR      | +280=               |                        |
|                                                                                                                                                                                             |                                                |                                           |                    |                               |              |                  |        | TOTAL               |                        | OR      | TOTAL               |                        |
|                                                                                                                                                                                             |                                                | (Column 1)                                |                    | (Colu                         |              | (Column 3)       |        | ADDIT. FEE L        |                        |         | ADDIT. FEE          |                        |
| AMENDMENT C                                                                                                                                                                                 |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                             | Total                                          | •                                         | Minus              | **                            |              | =                |        | X\$ 9=              |                        | OR      | X\$18=              |                        |
|                                                                                                                                                                                             | Independent                                    | +                                         | Minus              | ***                           |              | 8                | ]      | X42=                |                        |         | X84=                |                        |
| L                                                                                                                                                                                           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                    |                               |              |                  | J      |                     |                        | OR      |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT ESE |                                                |                                           |                    |                               |              |                  |        |                     |                        | OR      | +280=               |                        |
| **                                                                                                                                                                                          | If the "Highest Nu                             | mber Previously Pa<br>mber Previously P   | aid For IN THI     | S SPACE i                     | is less tha  | ın 20, enter "20 | D." /  | DDIT. FEE           |                        | OR      | TOTAL<br>ADDIT, FEE |                        |
|                                                                                                                                                                                             | The "Highest Nun                               | nber Previously Pa                        | id For (Total o    | r Independ                    | ent) is the  | highest numb     | er fou | ind in the app      | ropriate bo            | k in co | lumn 1.             | -                      |